

# Comprehensive Compliance Monitoring and Enforcement Report

Report run on: March 19, 2010 - 8:50 AM

Version: 5.0

## User Selection Criteria

<b>Location:</b>	Pennsylvania, all activities	<b>Activity Location:</b>	None Chosen
<b>Handler ID:</b>	PAD080800527	<b>Group of IDs:</b>	None Chosen
<b>Handler Name:</b>			
<b>Handler Universe:</b>	No Additional Restrictions		
<b>Evaluation Date Range:</b>	From Date: 10/01/1990 To Date: 03/19/2010		
<b>Location County Code:</b>	None Chosen	<b>Extract Flag:</b>	Include All Sites
<b>Location City:</b>		<b>Evaluation Suborganization:</b>	
<b>Location Zip Code:</b>		<b>Evaluation Person:</b>	
<b>State District:</b>		<b>Evaluation Focus Area:</b>	
<b>Federal Facilities:</b>	No, Show All	<b>Only Eval's with Viol's:</b>	No, All Evaluations
<b>Evaluating Agencies:</b>	None Chosen		
<b>Evaluation Types:</b>	None Chosen		
<b>Violation Types:</b>	None Chosen		
<b>Sort Order:</b>	Region, State, Handler Name		
<b>Display Code Descrip.:</b>	No		
<b>Display Universes:</b>	Yes		

## Results

Data meeting the criteria you selected follows.

Total Pages: 3 Handler Count: 1

## Report Description

This report provides a complete listing of evaluation, violation and enforcement activities for each Handler, including all orphan records. Below the Handler ID information, the data is presented in three sections; evaluations, violations and enforcements. Comments, referred to as Notes, are provided in each respective section. Since evaluations are included regardless of whether or not violations are identified, this report also serves as a useful management tool for tracking progress made towards meeting RECAP commitments.

## Report Information

Name: cme\_comprehensive.rdf  
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance  
Deployed Date: November 2005  
Last Updated: February 2010  
Contact: rcrainfo.help@epa.gov  
Tables Used: cmecomp3, hreport\_univ5, ccitation3, hhandler4, lu\_state, hid\_groups  
Libraries: none

# Comprehensive Compliance Monitoring and Enforcement Report

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Report run on: March 19, 2010 - 8:50 AM

This report may contain enforcement sensitive data.

## FRANKFORD PLATING INC

County Name / Code: PHILADELPHIA / PA101

PAD080800527

REGION 03

Location: 2505 ORTHODOX ST; PHILADELPHIA, PA 19137

Mailing: 2505 ORTHODOX ST; PHILADELPHIA, PA 19137

Activity Location: PA	State District: 1	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: SQG	Transporter: N	Operating TSDF: ----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ----	
Full Enforcement: ----	Converter: ----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: ----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

<b>FUI Evaluation</b>	10/15/2009	Activity Location: PA	By: EPA	Identifier: 001	Person: AM	Suborganization: 3LC70	Found Violation: U
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO	Not Subtitle C: NO	Day Zero: 08/18/2009	Focus Area:

No Linked Violations

<b>CEI Evaluation</b>	08/18/2009	Activity Location: PA	By: EPA	Identifier: 001	Person: AM	Suborganization: 3LC70	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO		Sampling: NO	Not Subtitle C: NO	Day Zero: 08/18/2009	Focus Area:

<b>Violation:</b>	Activity Location: PA	Type: 262.A	Determined Date: 08/18/2009	Determined by Agency: EPA	Responsible Agency: EPA
	Scheduled Compliance Date:		Actual Compliance Date:	RTC Qualifier:	Sequence Number: 3

Citation Information: Seq #	Type	Citation	Notes
1	FEDERAL REGULATION	262.11	

Viol. Notes: Failure to make waste determination for aerosol cans prior to disposal

No Linked Enforcements

<b>Violation:</b>	Activity Location: PA	Type: 262.D	Determined Date: 08/18/2009	Determined by Agency: EPA	Responsible Agency: EPA
	Scheduled Compliance Date:		Actual Compliance Date:	RTC Qualifier:	Sequence Number: 4

Citation Information: Seq #	Type	Citation	Notes
2	FEDERAL REGULATION	262.42(b)	

Viol. Notes: Failure to file exception report if returned copy of manifest not received

No Linked Enforcements

<b>Violation:</b>	Activity Location: PA	Type: 268.A	Determined Date: 08/18/2009	Determined by Agency: EPA	Responsible Agency: EPA
	Scheduled Compliance Date:		Actual Compliance Date:	RTC Qualifier:	Sequence Number: 5

Citation Information: Seq #	Type	Citation	Notes
3	FEDERAL REGULATION	268.7(a)(2)	

Viol. Notes: Failure to keep LDR forms on file for each waste stream & each TSD

No Linked Enforcements

<b>Violation:</b>	Activity Location: PA	Type: 273.B	Determined Date: 08/18/2009	Determined by Agency: EPA	Responsible Agency: EPA
	Scheduled Compliance Date:		Actual Compliance Date:	RTC Qualifier:	Sequence Number: 6

Citation Information: Seq #	Type	Citation	Notes
4	FEDERAL REGULATION	273.14(d)	

Viol. Notes: Failure to properly manage universal waste lamps

No Linked Enforcements

# Comprehensive Compliance Monitoring and Enforcement Report

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Report run on: March 19, 2010 - 8:50 AM

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## FRANKFORD PLATING INC, PAD080800527, PHILADELPHIA, PA, continued -

**Violation:** Activity Location: PA      Type: 262.C      Determined Date: 08/18/2009      Determined by Agency: EPA      Responsible Agency: EPA  
Scheduled Compliance Date:      Actual Compliance Date:      RTC Qualifier:      Sequence Number: 7  
**Citation Information:** Seq #      Type      Citation      Notes  
5      FEDERAL REGULATION      262.34(d)(5)  
Viol. Notes: Failure to comply with specific emergency precautions and procedures  
**No Linked Enforcements**

**NRR Evaluation** 05/01/1995      Activity Location: PA      By: STATE      Identifier: 000      Person: DKR      Suborganization:      Found Violation: YES  
Citizen Complaint: NO      Multimedia Inspection: NO      Sampling: NO      Not Subtitle C: NO      Day Zero:      Focus Area:

**Violation:** Activity Location: PA      Type: 262.B      Determined Date: 05/01/1995      Determined by Agency: STATE      Responsible Agency: STATE  
Scheduled Compliance Date:      Actual Compliance Date: 05/11/1995      RTC Qualifier: OBSERVED      Sequence Number: 1  
Former Citation - SR - 262.20(g)(8)

**Enforcement:** Activity Location: PA      Type: 310      Action Date: 05/11/1995      Identifier: 000  
Docket:      Agency: STATE      Responsible Person: DKR      Branch:

Penalty Information:      Penalty Information Printed Above

CA Component: N      Disposition Status:      Appeal Initiated:      Appeal Resolved:

**Violation:** Activity Location: PA      Type: 262.B      Determined Date: 05/01/1995      Determined by Agency: STATE      Responsible Agency: STATE  
Scheduled Compliance Date:      Actual Compliance Date: 05/11/1995      RTC Qualifier: OBSERVED      Sequence Number: 2  
Former Citation - SR - 262.20(g)(9)

**Enforcement:** Activity Location: PA      Type: 310      Action Date: 05/11/1995      Identifier: 000  
Docket:      Agency: STATE      Responsible Person: DKR      Branch:

Penalty Information:      Penalty Information Printed Above

CA Component: N      Disposition Status:      Appeal Initiated:      Appeal Resolved:

**Total Number of Handlers: 1**

**Total Number of Activity Locations: 1**

**\* End of Report \***

**FY 2004 EPA MANUAL INSPECTION CONCLUSION DATA SHEET (ICDS) FORM**

*Instructions and Definitions for Completing the Information Follow*

1. **Region:** 3 **Facility Name/Location:** Frankford Plating, Inc. Phila, PA
2. **General Facility Permit ID or Media-Specific Permit ID number (e.g. NPDES permit #):**  
PA080800527
3. **SIC (4-digit)** ☒3 ☒4 ☒7 ☒1 **OR** **NAICS Code (5-digit):** ☐☐☐☐☐
4. **Date of Inspection:** 10/15/09 (mm/dd/yyyy)
5. **Media Type (check one only)**  
CAA-Stationary ☐ CWA-NPDES ☐ GLP ☐ TSCA Lead Paint ☐ CAA 112r ☐  
CAA-Mobile Sources ☐ RCRA ☒ UST ☐ TSCA core, PCBs, asbestos ☐
6. **Deficiencies:** Did you observe deficiencies during inspection? ☒Yes ☐No [N/A is not allowed]  
a. If YES, go to #7  
b. If NO, go to #9
7. **If YES:** Did you communicate the deficiencies to the facility during the inspection? ☒Yes ☐No
8. **Actions Taken:** Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated? ☐Yes ☒No [N/A is not allowed]  
a. If NO, go to #9  
b. If YES, check the action(s) taken, or describe any other actions taken. (Check all that apply)

**Action(s) taken**

- ☐ Verified compliance with previously issued enforcement action -part or all conditions
- ☐ Corrected recordkeeping deficiencies
- ☐ Corrected monitoring deficiencies
- ☐ Completed a notification or a report
- ☐ Requested a permit application
- ☐ Implemented new or improved management practices or procedures
- ☐ Improved pollutant identification (e.g., labeling, manifesting, storage, etc.)
- ☐ Reduced pollution (e.g., use reduction, industrial process change, emissions or discharge change, etc.). *Specify the pollutant(s) reduced only if this action is checked.*

**Water:** Ammonia ☐ BOD ☐ COD ☐ TSS ☐ O/G ☐ TC ☐ DO ☐ Metals ☐ CN ☐

**Air:** NOx ☐ SO2 ☐ PM ☐ VOC ☐ Metals ☐ HAPs ☐ CO ☐

**List other actions observed or other pollutants reduced:** \_\_\_\_\_

9. **Assistance:** Did you provide *general* assistance based on national policy? Yes ☐ No ☒  
Did you provide *site-specific* assistance based on national policy? ☐Yes ☒No  
**Note:** EPA inspectors are **not required** to provide compliance assistance.

**Optional Information:** Describe actions taken or assistance provided to assist the facility.

## RCRAINFO CM&amp;E EVALUATION – VIOLATION FORM

*EPA ID Number		PAD0080800527					
Handler Name		Frankford Plating, Inc.					
Street		2502 Orthodox Street					
City		Philadelphia		State		PA	
				Zip Code		19137	
*EVALUATION		<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Update		<input type="checkbox"/> Delete	
		You must provide an Evaluation Identifier (also known as the Sequence Number).					
*Evaluation Identifier		*Type		*Evaluation Start Date (mm/dd/yyyy)		*Agency	
		CEI		08/18/2009		E	
						Responsible Person	
						RBA.M.	
						Suborganization	
						3LC70	
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.				Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.			
Notes:							
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) Regulation-Specific FCI BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ Routine/Standardized FCI CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Delete/Update a Violation?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.	
Does this Evaluation have Undetermined Violations?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Does this Evaluation link to a Commitment?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAinfo 3007 Information Requests and Commitments Form.	
Does this Evaluation link to a 3007 Request?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAinfo 3007 Information Requests and Commitments Form.	
Was this Evaluation completed at a Federal Facility? (RCRA Section 6002)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, the Federal Facility Section (on reverse side of this form) must be completed. Only applicable to EPA Owned Inspections (Responsible Agency = E) at Federal Facilities			
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, fill in Information below.							
Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)	Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)

\*Required Fields

EPA ID Number				Handler Name			
PA00080800527				Frankford Plating, Inc.			
<b>VIOLATIONS SECTION</b>							
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
	262.A	E	8/18/2009	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: Failure to make waste determination for aerosol cans prior to disposal							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 262.11					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
	262.D	E	8/18/2009	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: Failure to file exception report if returned copy of manifest not received							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 262.42(b)					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
	262.D	E	8/18/2009	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: Failure to file exception report if returned copy of manifest not received							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 262.42(b)					
<b>FEDERAL FACILITY SECTION (Fill out if EPA Owned Inspection at Federal Facility)</b>							
YES <input type="checkbox"/>	NO <input type="checkbox"/>	RCRA 6002 inspection performed?					
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Site given RCRA 6002 questionnaire?					
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Inspector questionnaire completed and mailed?					

\*Required Fields

EPA ID Number				Handler Name			
PAD0080800527				Frankford Plating, Inc			
<b>VIOLATIONS SECTION</b>							
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
	268A	E	8/18/2009	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: Failure to keep LDR forms on file for each waste stream in each TSD							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 268.7(a)(2)					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
	273B	E	8/18/2009	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: Failure to properly manage universal waste lamps.							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 273.14(d)					
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)		
	262C	E	8/18/2009	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes: Failure to comply with specific emergency precautions: No orders							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation	
FR		40 CFR 262.54(d)(5)					
<b>FEDERAL FACILITY SECTION (Fill out if EPA Owned Inspection at Federal Facility)</b>							
YES <input type="checkbox"/>	NO <input type="checkbox"/>	RCRA 6002 inspection performed?					
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Site given RCRA 6002 questionnaire?					
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Inspector questionnaire completed and mailed?					

\*Required Fields

- aerosols ✓
- lamps ✓
- Manifests ✓
- LDRs

- Emergency Info 24.34(d)(5)(b)(i)

- Next to the telephone post  
Emergency Coordinator name:  
phone #.



## RCRAInfo CM&amp;E ENFORCEMENT FORM

<b>EPA ID Number</b>				<b>Handler Name</b>			
PA080800527				Frankford Plating, Inc.			
<b>ENFORCEMENT</b> <input checked="" type="checkbox"/> <b>Add</b> <input type="checkbox"/> <b>Update</b> <input type="checkbox"/> <b>Delete</b>				You must provide a Seq. No.			
<b>Seq. No.</b>	<b>Enforcement Date (mm/dd/yyyy)</b>	<b>*Activity Location</b>	<b>*Agency</b>	<b>*Type</b>	<b>Sub- organization</b>	<b>Responsible Person</b>	<b>Attorney</b>
	2/16/2010	PA	E	120	3LC70	R3A-M.	
				Docket Number: R3-10-NOV-RCRA-28			
<b>Enforcement Notes:</b>							
<b>Is Enforcement Type 380 (Super CA/FO) and part of a Multi-site Consent Agreement/Final Order (CA/FO)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, you must provide the CA/FO Sequence Number below. If you are the lead agency and want to add a Multi-site CAFO, please provide the CA/FO Respondent Name (required) and Notes (as necessary).							
<b>CA/FO Sequence Number:</b>				<b>Respondent Name:</b>			
<b>Notes:</b>							
<b>Was there an Appeal?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in this Section				<b>Disposition Status</b>			
<b>Appeal Initiated Date (mm/dd/yyyy)</b>		<b>Appeal Resolved Date (mm/dd/yyyy)</b>		<b>Disposition Status Qualifier</b>		<b>Disposition Status Date (mm/dd/yyyy)</b>	
<b>Does this Enforcement Action Contain Corrective Action Requirements?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Do you want to link Media?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in Multimedia Section below on page 1 of this form.							
<b>Do you want to Add/Update/Delete a Technical Requirement Milestone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in Technical Requirement Milestone Section on page 2 of this form.							
<b>LINK VIOLATIONS TO THE ABOVE ENFORCEMENT ACTION?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill in the Section below. Note: You can link RTC'd violations to an enforcement action.							
<b>Seq. No.</b>	<b>*Agency</b>	<b>*Type</b>	<b>*Date Determined (mm/dd/yyyy)</b>	<b>Already RTC'd</b>	<b>Scheduled RTC Date (mm/dd/yyyy)</b>	<b>RTC Qualifier</b> <small>An RTC Qualifier is required if entering an Actual RTC Date</small>	<b>RTC Actual Date (mm/dd/yyyy)</b>
3	E	262A	8/18/2009	<input type="checkbox"/>			3/4/2010
4	E	262D	8/18/2009	<input type="checkbox"/>			
5	E	268A		<input type="checkbox"/>			
6	E	273B		<input type="checkbox"/>			
7	E	262C		<input type="checkbox"/>			
				<input type="checkbox"/>			
<b>Multimedia Section (Check all that apply)</b>							
<input type="checkbox"/> AIR	<input type="checkbox"/> CRE	<input type="checkbox"/> CRS	<input type="checkbox"/> EPC	<input type="checkbox"/> FIF			
<input type="checkbox"/> MSW	<input type="checkbox"/> ORP	<input type="checkbox"/> PCB	<input type="checkbox"/> RCA	<input type="checkbox"/> SPC			
<input type="checkbox"/> TSC	<input type="checkbox"/> UIC	<input type="checkbox"/> UST	<input type="checkbox"/> WAT	<input type="checkbox"/> WET			

\*Required Fields

<b>EPA ID Number</b>	<b>Handler Name</b>			
<b>PENALTY SECTION</b>				
<b>PENALTY</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				<b>Link to Above Enforcement</b> <input type="checkbox"/>
<b>Penalty Type</b>	<b>Penalty Amount</b>	<b>Penalty Notes</b>		
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
<b>PENALTY PAYMENT</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<b>Scheduled Date (mm/dd/yyyy)</b>	<b>Scheduled Amount</b>	<b>Paid Date (mm/dd/yyyy)</b>	<b>Paid Amount</b>	<b>Defaulted Date (mm/dd/yyyy)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Notes:</b> <input type="text"/>				
<b>PENALTY PAYMENT</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<b>Scheduled Date (mm/dd/yyyy)</b>	<b>Scheduled Amount</b>	<b>Paid Date (mm/dd/yyyy)</b>	<b>Paid Amount</b>	<b>Defaulted Date (mm/dd/yyyy)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Notes:</b> <input type="text"/>				
<b>PENALTY</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				<b>Link to Above Enforcement</b> <input type="checkbox"/>
<b>Penalty Type</b>	<b>Penalty Amount</b>	<b>Penalty Notes</b>		
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>		
<b>PENALTY PAYMENT</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<b>Scheduled Date (mm/dd/yyyy)</b>	<b>Scheduled Amount</b>	<b>Paid Date (mm/dd/yyyy)</b>	<b>Paid Amount</b>	<b>Defaulted Date (mm/dd/yyyy)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Notes:</b> <input type="text"/>				
<b>PENALTY PAYMENT</b> <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				
<b>Scheduled Date (mm/dd/yyyy)</b>	<b>Scheduled Amount</b>	<b>Paid Date (mm/dd/yyyy)</b>	<b>Paid Amount</b>	<b>Defaulted Date (mm/dd/yyyy)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Notes:</b> <input type="text"/>				
<b>TECHNICAL REQUIREMENT MILESTONE SECTION</b>				
<i>(Additional Technical Requirement Milestones can be added using the RCRAInfo CM&amp;E Additional Technical Requirement Milestones Form)</i>				
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete				<b>Link to Above Enforcement</b> <input type="checkbox"/>
<b>Technical Requirement Number:</b> <input type="text"/>				
<b>Technical Requirement Description:</b> <input type="text"/>				
<b>Scheduled Completion Date (mm/dd/yyyy)</b>	<b>Actual Completion Date (mm/dd/yyyy)</b>		<b>Defaulted Date (mm/dd/yyyy)</b>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
<b>Notes:</b> <input type="text"/>				

Required Fields